



**SUMMARY REPORT ON MEASLES AND POLIO IMMUNIZATIONS
SIXTH GRADE STUDENTS ENROLLED IN SCHOOL**

State Form 48971 (R10/5-06)
IC 20-8.1-7-11

SCHOOL YEAR _____

Name of School Corporation		CODES	
Name of School		County #	
Address of School		Corporation #	
City	County	School #	
Zip Code	School Telephone No.		

6

Each school that has their own school number listed in the Indiana School Directory, published by the Department of Education, must submit a **separate** report. The answer for each box below must be a number (**No Check Marks, etc.**)

Enter in box the number of sixth grade students in your school:

A.

Number of students from Box "A" above having completed immunizations:

B.

See the work sheet for the minimum complete immunizations.
Students listed in this category need no further follow-up.

EXEMPTIONS:

Number of students from Box "A" above who have a medical contraindication on file:

C.

A physician's signed statement, verified annually and kept in your school immunization records, is required.

Number of students from Box "A" above who have a religious objection on file:

D.

A statement, signed and verified annually by a parent/guardian stating the objection, must be on file in your school immunization records.

Number of students from Box "A" above **NOT** complete and having no exemption on file.

E.

Number of students from box "A" who do **NOT** have a **complete** Polio series and have no exemption on file:

F.

Number of students from box "A" who do **NOT** have a **complete** Measles series and have no exemption on file:

G.

Return this form to:
Indiana State Department of Health
Immunization Program, 6A
2 North Meridian Street
Indianapolis, IN 46204-3003

Signatures: _____
Superintendent

Prepared By _____